

into the hospital and was delivered of a premature fetus. Two hours after delivery she had a severe chill followed by high fever and this was repeated on the following day. An examination of the blood showed a pure growth of *Staphylococcus aureus*. The patient made finally a complete recovery.

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## GYNECOLOGY

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UNDER THE CHARGE OF

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**Polycystic Kidney.**—The results of the clinical experience with this condition at the Mayo Clinic are given in a recent paper by BRAASCH (*Surg., Gynec. and Obst.*, 1916, xxiii, 697). The series comprises 41 patients in whom at operation polycystic kidneys were found, although in only 26 of these had the condition been previously diagnosed. The average age of the patients was forty-six years, but 10 of them were under forty years and 7 were over sixty years. No material difference was noted with regard to sex. The predominant symptoms were pain, hematuria, tumor, and diminished renal function. The pain is not severe, as a rule, unless interference with urinary drainage or wide-spread infection occurs. There may be occasionally a dull pain in either loin, probably due to tension of the cysts. Hematuria occurred in 40 per cent. of the cases. It is evidently caused by the rupture of small bloodvessels in the cysts, and becomes manifest only when one of the cysts ruptures into the renal pelvis. It is usually stopped by puncture of the blood-distended cysts. Tumor was noted in 31 of the 41 patients, but was not always recognized as kidney, being occasionally mistaken for the liver or the gall-bladder. In only about half the cases was a bilateral tumor noted, in spite of the usual bilateral occurrence of the condition. The kidney function was directly estimated by the phthalein test in only 11 cases, being low in nearly all, and showing merely a trace of elimination in 2, both of whom died after operation. A normal phthalein and a normal specific gravity of the urine may be present, however, with polycystic disease, and such findings by no means exclude this condition. The chief value of the phthalein test is in differential estimation of the two kidneys, a point of great importance in determining upon the advisability of operation. *Treatment:* In 14 cases nephrectomy was done, a surprisingly high number in view of the fact that the condition is nearly always bilateral. The indications were large tumor with complete degeneration of one kidney (4 cases), unilateral lithiasis (3), diffuse infection (3), hematuria (2), traumatic rupture (1), and hydronephrosis (1). There was 1 postoperative and 1 subsequent death; 10 of the remaining patients were traced and found well after periods of one to ten years. The Rovsing operation (multiple puncture of the cysts) was done in 10 patients, with 2 postoperative and 1 subsequent death, the remaining

7 patients being alive at varying periods up to five years. The other case had merely exploratory operations, or the kidney condition was found incident to some other operation. The conclusions drawn by Braasch are briefly as follows: When there is marked clinical evidence of toxemia; when the blood-pressure is increased to 200 or more; when the various functional tests show marked renal disturbance, any operation is attended with considerable danger, and is of questionable value. When, however, there is evidence of but a moderate degree of renal insufficiency the Rovsing operation is followed by considerable benefit. Nephrectomy is indicated only in the presence of widespread infection, persistent hematuria, or destruction of renal tissue from mechanical obstruction, lithiasis, or other complication. It is, of course, possible only after the function of the remaining kidney has been demonstrated to be satisfactory, but under these conditions may be of great benefit.

**Radium Treatment of Cancer of the Cervix.**—A very brief report upon 9 cases of cervical carcinoma treated with radium at the Clarkson Hospital, Omaha, has recently been published by FINDLEY (*Am. Jour. Surg.*, 1916, xxx, 337). In 5 of these cases a radical hysterectomy was performed, followed, and in some instances preceded also, by the use of radium; in the remaining 4 radium was used without operation. In 3 cases, which were considered inoperable, the condition became frankly operable after the application of the curet, cautery, and radium. In 1 case scrapings from the cervix were of a highly malignant type, but careful search in the removed uterus showed only a nest or two of degenerated epithelium. One case was not favorably influenced by the radium, a recurrence in the vaginal vault manifesting itself shortly after three applications. In 2 cases pain was promptly relieved, in 4 it was only partly or not at all relieved, and in 1 it was apparently intensified by the radium treatment. One patient in whom the radium was used postoperative, developed a vesicovaginal fistula, which, however, promptly healed spontaneously. In one the general peritoneal cavity was invaded by cancer with such rapidity following hysterectomy and radium application as to suggest that the radium might have had a stimulating effect upon the cancerous growth. In 2 cases the patients failed to react well to the radium treatments developing a toxic condition, and it seemed possible that death was hastened by the action of the radium. Only two of the nine patients are still living, after periods of ten and fourteen months. In one there is no evidence as yet of recurrence, while in the other enlarged lymph nodes have lately developed in the right iliac region, and are strongly suggestive of recurrence. While the record here outlined certainly cannot be considered a very brilliant one, Findley thinks it fair to conclude that radium has a place in the treatment of cancer of the cervix, since it probably prolongs life in nearly all instances, and converts many inoperable cases into operable ones. The radium was applied in the cases discussed above in doses of from 32 to 62 mg., in properly screened tubes in the vagina, this being often supplemented by 20 mg. on flat applicators placed on the abdomen for the purpose of cross fire.